


# HCBS/FE ATTENDANT CARE WEEKLY CARE LOG

Facility Name: \_\_\_\_\_

Resident Name: \_\_\_\_\_

<b>Supervisor</b> - Indicate HCBS hours in the Authorized Hours column. If item is separated by slashes, circle applicable activity. <b>Staff</b> - Document time spent and initial.																
Auth Hours	DAY 	SUN		MON		TUES		WED		THUR		FRI		SAT		Wkly Totals
	Date (MM/DD/YY):	Time	Initial	Time	Initial	Time	Initial	Time	Initial	Time	Initial	Time	Initial	Time	Initial	
	Bathing / Grooming / Nail Care / Oral Hygiene / Shave / Skin Care / Hair Care															
	Dressing / Undressing AM															
	PM															
	Toileting 1st Shift															
	2nd Shift															
	3rd Shift															
	Transfers (non-bathing or non-toileting transfers)															
	Walking / Mobility															
	Eating Breakfast															
	Lunch															
	Dinner															
	Meal Preparation / Clean up Breakfast															
	Lunch															
	Dinner															
	Shopping / Money Management / Transportation (fill in time spent)															

Use the space below for additional issues or comments related to care provided.

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**Staff** - Document time spent and initial.

Auth Hours	DAY 	SUN		MON		TUES		WED		THUR		FRI		SAT		Wkly Totals
	Date (MM/DD/YY):	Time	Initial	Time	Initial	Time	Initial	Time	Initial	Time	Initial	Time	Initial	Time	Initial	
	Housekeeping															
	Vacuum / Mop / Dust / Trash /															
	Bathroom / Commode / Bedmaking /															
	Linen Change															
	Laundry															
	Management of Medication / Treatment 1st Shift															
	2nd Shift															
	3rd Shift															
DAILY TOTALS:																
Use the space below for additional issues or comments related to care provided.															WEEKLY TOTAL:	

**STAFF INITIALS AND SIGNATURES:**

**I certify the information is correct and documented services were preformed.**

Residents Signature: \_\_\_\_\_

Supervisors Signature: \_\_\_\_\_

Last Name: \_\_\_\_\_

First Name: \_\_\_\_\_

Apt./Rm. #: \_\_\_\_\_